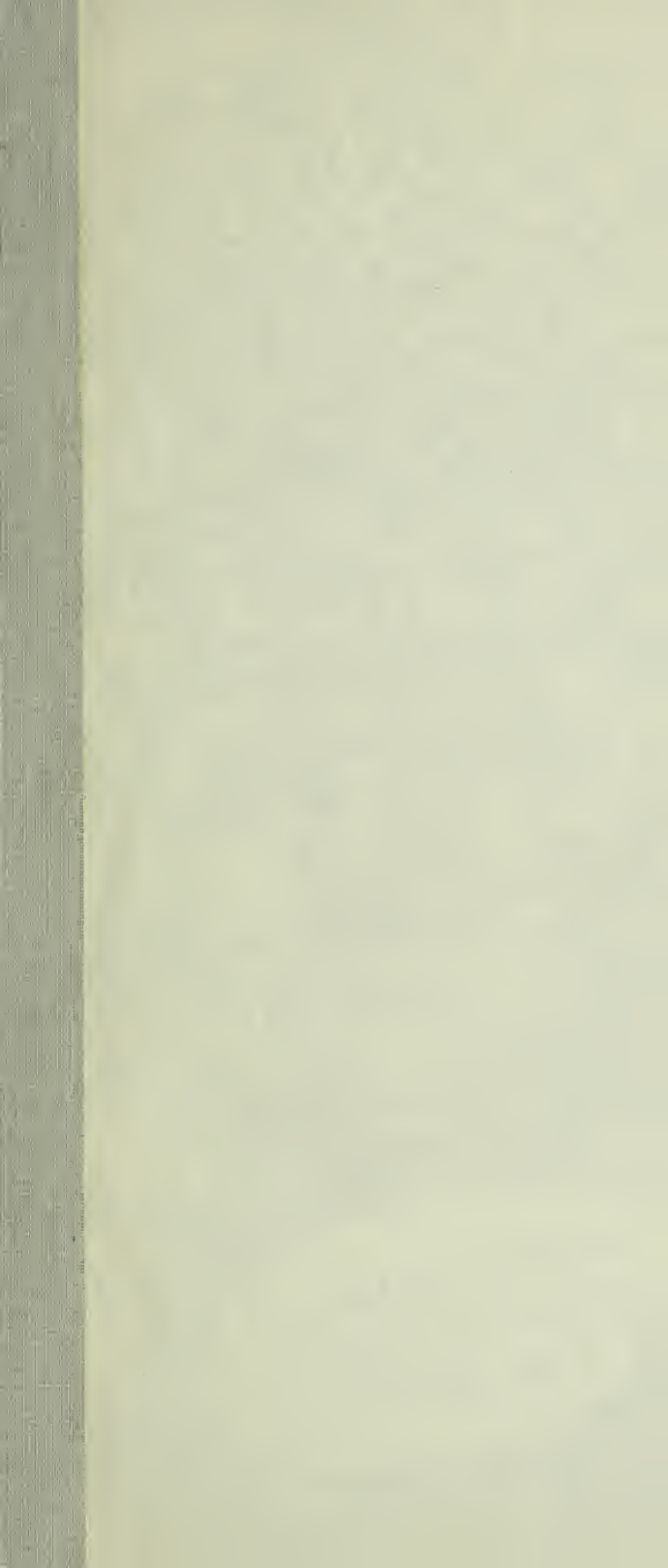


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Brown, Elmer.

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**ILLINOIS' OWN  
VETERANS ALL  
CITIZENS ALL**



STATE OF ILLINOIS



DWIGHT H. GREEN  
Governor

"The State can never discharge in full its obligation to the Veterans, but it can, by proper administration of a coordinated program of rehabilitation, repay in part its most urgent debt of honor. . ."

DWIGHT H. GREEN, *Governor.*

Executive Order.

February 9, 1943.

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## PREFACE

The Chicago Herald-American recently assigned an ace reporter, Elgar Brown, to visit State mental institutions and write human interest stories concerning war veteran patients, and to relate in plain and simple language the things that a grateful State is doing in the way of care and treatment and rehabilitation of our mentally afflicted war veterans.

Elgar Brown writes with force and feeling, and there is little anyone could add to the forthright articles he produced. He met and talked to the major executives of the Department of Public Welfare who have overall supervision of all institutions; he talked to the psychiatrists in charge of treatment and rehabilitation of our veterans; and he talked to the patients themselves. He has set down a reassuring document that is evidence that the State of Illinois, has taken the lead, as always, in the humanitarian project of the rehabilitation of our afflicted war heroes.

Mr. Brown's articles have been reproduced here exactly as he wrote them. Nothing has been deleted, nothing added. They reflect the thoughts of an ace reporter on a tremendously interesting and pertinent subject. They are factual studies . . . everything in them is true. Only the names of the patients, for obvious reasons, are fictional.

The Department of Public Welfare acknowledges with thanks the permission of the Chicago Herald-American to reprint these articles.



Director  
Department of Public Welfare

## FOR THE MENTALLY ILL VETERAN

The first unit for the care of the mentally ill veterans in Illinois was opened at the Elgin State Hospital in the fall of 1922. Gradually over the years, this single veterans' unit has expanded from one building to a very large group of buildings at Elgin and at Jacksonville State Hospitals, with smaller units at Alton and East Moline State Hospitals, housing a total of over one thousand veterans.

Because of the lack of sufficient federal facilities, in this area, to care for the present load and the anticipated increase of patient load, that is, veterans with mental illness, a very extensive building program was started. Eight and a half million dollars were appropriated for construction during 1945 to 1947 to provide for buildings for an additional eleven hundred patients and for other facilities that will make these units complete. Besides the above mentioned four hospitals, Elgin, Jacksonville, Alton and East Moline, a unit will be established at Anna State Hospital, with a special building at Kankakee for women veterans.

During the war, in 1943, the need for care for the restless, nervous veteran with mild mental disturbances became apparent. Out of this idea developed the Veterans Rehabilitation Center of Chicago. Over 2,000 patients have been treated at this Center. A few patients require admission for a period of several weeks to a month but the majority have been treated as out-patients, returning at regular intervals for treatment, suggestion and direction. Similar clinic facilities throughout the State are contemplated as soon as trained personnel becomes available.

Thus, it is hoped that the veteran, with a mild or a severe mental upset, will receive the best that medical science has to offer so he may rapidly improve and recover.

GEORGE A. WILTRAKIS, M.D.  
Deputy Director  
Medical and Surgical Service  
Department of Public Welfare



# MENDING WAR-SCARRED MINDS

By

ELGAR BROWN



## MEDICS HELP VETS TO PEACE

By ELGAR BROWN

Lying on the white sheet of his hospital bed, little John Zeiler paid scant heed as the doctor thrust a hypodermic needle in his arm.

His wide eyes, fixed on the ceiling, reflected bitterness and suspicion. His mouth was set in stubborn lines.

Little John was an Austrian Jew. He had escaped from the unspeakable concentration camp at Dachau, Germany. He had reached America, won first citizenship papers, joined the United States Army to fight the Nazis.

At Camp Swift, Tex., Pvt. Zeiler had cracked up.

Now, passing a troubled hand over his damp brow, little John stirred on his cool bed. His lips, swollen with fever, began to move. Staff specialists at Elgin State Hospital bent forward, listening.

"What happened, John?" Dr. Charles J. Katz, himself a Bataan captive, spoke gently, "What happened in Texas?"

There was silence, laden with suspense.

John whispered at last. "Eet was like in Vienna. Eet was like in Dachau. Nazi they came. They wished to beat me. I ran. But I could not run away . . ."

His thin frame shook spasmodically. His last phrases were barely audible.

Now propped up on a frail elbow, he murmured: "More I cannot say. Eet is—military—secret. They—they will beat—flog . . ."

The shaking ceased. Exhausted, the patient yawned. Almost immediately he was asleep. The psychiatrists tiptoed away triumphant.

John had taken a first step toward a return to the world of reason. Inhibitions dispelled by sodium pentothal, he had bared the true cause of terror.

But the war isn't over for John Zeiler, who longs to be a good American and yet fears, even now, to condemn the Nazis lest they retaliate.

The war isn't over for Ed Judson who served with an Air Force ground crew in England for 21 months, won an honorable discharge, then collapsed mentally in his Chicago home and crushed his own head with a milk bottle.

The war isn't over for Bob Elting, who fought the Rommel menace in Africa but awoke one day in the Beau Han Nifia hospital base hearing feminine voices, babbling of cosmic rays and complaining of persecution.

There's fighting ahead for too many boys like Tony Zorro, who had a delayed reaction in his Chicago candy store to his 18 months under attack in the Attu theater—and revealed the reason for his breakdown under the effective new narcosynthesis treatment.

There's no "peace" in sight for doctors, psychologists and psychiatrists in state institutions at Elgin, Jacksonville, East Moline and Alton, where more than 1,200 Illinois veterans are receiving treatment for their mental ills.

But there's high hope for victory in the continuous battle against madness brought on by war. Illinois is caring for her own; and with improved methods of treatment and steadily growing facilities Illinois intends to remain in the vanguard.

Hope for the rescue of Illinoisans returning from war with sick minds is carried by the words of such scientists as Dr. Harry R. Hoffman, state alienist; Dr. George A. Wiltrakis, deputy director of the State Department of Public Welfare; Dr. Charles F. Read of Elgin, and associates like Dr. Katz, the Oak Park hero who returned from Bataan. Says Dr. Read:

"We have come far since the days when mentally ill persons were abandoned as 'bewitched'. The percentage of recoveries rises steadily with our expanding knowledge. New methods of treatment have helped immeasurably. I have long advocated a pragmatic approach; we will use any method that lends itself to a patient's improvement. We like to send as many home as possible."

Assurance of continued and bettered service for mentally confused veterans in Illinois, in cooperation with the Veterans' Administration of the federal government, is offered by Gov. Dwight H. Green and Gen. Cassius Poust of Sycamore, director of the State Department of Public Welfare.

Under their direction a \$12,000,000 building program for veterans' hospitalization is well launched as part of the state's \$130,000,000 postwar program of public works. Key buildings costing more than \$1,000,000 each already are built and in operation at Elgin and Jacksonville hospitals.

Similar units are planned for Alton, East Moline and Anna State Hospitals, with a new unit for women veterans at Kankakee.

Guy E. Bonney, superintendent of the division of veterans' service, reminds you, after 13 years in his present post, that Illinois has long been operating the only separate veteran's colonies in the entire nation.

"During 13 years over 5,644 veterans have received this service, and as of June 30, 1945, a total of 1,873 remain in the state hospitals, the psychiatric division of the Illinois State Penitentiary and the Illinois Soldiers' and Sailors' Home at Quincy. Included in the grand total are 578 mentally disabled veterans of World War II, of whom 395 have recovered and have been discharged. Most of these are working steadily, only 94 returning for further treatment. Several were able to return to military or merchant marine service. At least one lost his life on his second tour of active duty—while serving as a gunner on a B-17 Flying Fortress."

The Veterans' Administration reimburses the state (at about \$2 a day per patient) for handling of all service-connected cases; the government also pays half the maintenance cost of the 575 veterans at Quincy. Bonney comments:

"Due to this financial aid we are able to maintain a high standard of care and act as a 'pilot plant' in establishing higher standards of service to all the state's wards."

During the 1944-1945 biennium, Illinois received \$707,280 from the government for service-connected cases; the 1932-1945 total is \$3,694,629.

But statistics, though important, are inevitably dull. There's a side of this picture that will touch every American who reveres the nation's fighters—and who hasn't already conveniently forgotten the war.

Having seen neuropsychiatric miracles performed on Iwo Jima and Okinawa beaches and in the hospitals at Guam, I went out to Elgin State Hospital to see how Illinois is treating her sons who came home physically sound but mentally befuddled.

There I found Dr. Read, director at Elgin for many years and at Dunning before that; John W. Nelson, dean of veterans' service officers, who "mothers" the vets, attends their war records and pension rights, protects their funds, speeds their rehabilitation.

I found forward looking psychiatrists like Dr. Katz humbly grateful for medicines and equipment because he had none for the sufferers on Bataan; and Dr. A. A. Hellams of Dallas, Tex., who was also a major in the army's medical corps and specializes in treatment of "anxiety neurosis."

And I found little John Zeiler, the Dachau escapee whose first experience with narcosynthesis had proven so beneficial. Narcosynthesis, by the way, is simply a new term for what Dr. Katz has been using for years and calling "amytal exploration."

Dr. Roy E. Grinker of Chicago has developed the technique beyond its prewar use. A powerful sedative is employed to penetrate inhibitions, explore the subconscious mind and arrive at the true cause of the derangement.

Loafing in the warm recreation room, John said he was feeling good. He accepted a cigaret and puffed gratefully. He remembered little of his treatment, he said, but he sketched his story rationally enough. He told me:

"I was born in Vienna, My fadder I think ees now in Jugoslavia, but I get no mail. Eet was in Vienna in November, 1938, when the commissar of police he peek me up. Then I was in Dachau——"

The very name frightened him. He fell silent; questioning did no good. He wouldn't discuss his escape from Dachau. But presently he resumed:

"I traveled to Shanghai, all through Orient. I joined refugees to America in 1940. I reach cousins in Chicago, work there at tool factory. I am becoming American citizen, and proud to be drafted into army. But . . ."

Another troubled silence. Where, I finally asked, did the army send him? and what happened? Reluctantly little John replied:

"In Texas camp something happened. You mustn't ask me. When war ees over, maybe I tell doctor. One fine man, thees Dr. Katz."

For little John Zeiler, war's end is not yet.

# HOW SCIENCE CURED ALEUTIAN VET

By ELGAR BROWN

Tony Zorro says he had no warning at all. It happened all of a sudden while riding one evening on the Chicago L.

He was carrying flowers for his girl, Tony remembers. One minute everything was swell, and the next—blooey. Everything went cockeyed.

He wasn't even thinking about the strain of those two years with an amphibious tractor company around Attu, nor the beating his nerves took when the Japs came.

The way Tony looks at it, he'd simply been working too hard since his honorable discharge last June; trying too hard to make his West Side candy store pay out.

But there was more to it than that. Psychiatrists knew it after a quick look at Tony last Dec. 7 when they brought him into Elgin State Hospital—his lips swollen and cracked, his face colorless, his frame sagging like a lump of clay.

They prodded his mind gently, they tried several types of treatment, and finally—while he was in a semistuper induced by a heavy sedative—they extracted the simple truth from Tony Zorro.

Armed with the truth, they were in position to iron out the mental quirks that had begun to form, though resolutely suppressed, in those dangerous days on Attu when Zorro had fought bravely enough under terrific enemy attack.

Today the Chicago veteran is almost ready to return to his candy store.

They're familiar with such phenomena, these psychiatric wonderworkers who are ministering to Illinois' mentally ailing GI's at Elgin and Jacksonville, at Alton and East Moline and Anna and Kankakee.

An astounding percentage of the new cases being received in the veterans' divisions of state hospitals today, through arrangement with the federal Veterans Administration, are second world war discharges suffering "delayed action" mental attacks.

Dr. Charles J. Katz of Oak Park, a Bataan veteran whose "treatment" of deranged fellow-prisoners in Cabanatuan prison was confined to quinine and "restraint" for the unruly, explained it this way:

"Most of these fellows were susceptible to mental trouble all along, some with family histories. But this couldn't be detected by draft board examiners, of course, and the amazing thing is so many came through combat duty without cracking up.

"In such cases the strain of war further impaired minds already weak, though most of the boys we're getting nowadays were discharged and went home to resume their places in civilian life.

"Then something happened—some apparently minor emotional upset—and they weren't up to the test. A mind that had withstood greater strain could take no more. Some of these 'delayed action' cases, incidentally, are tougher than the combat fatigue problems handled in early stages on the battle-fronts."

When a veteran's postwar crackup is traceable to his combat experience he is deemed a service-con-

nected casualty and his treatment is financed by the federal government. Of the 548 veterans now housed at Elgin, 118 have ailments fundamentally incurred in service.

What medical, psychological or psychiatric means are adopted to determine underlying causes of a man's mental upset, and with what success? Explained Dr. Katz:

"Following the broad policy of our managing director, Dr. Charles F. Read, we employ any method that has a chance of proving beneficial. Naturally, this calls for 'feeling out' each patient and testing various procedures before we find one that works."

There are the insulin shock and the electric shock treatments, which create convulsive reactions and frequently snap patients out of their mental fog. Hydro-therapy has a soothing effect. Vitamins and the medical approach are sometimes helpful. Psychotherapy is used to a limited degree.

Occupational, recreational and education therapy are applied almost universally among the patients. Dr. Katz observed:

"We have no business letting an afflicted mind remain idle. Keep them occupied and busy for the best results. In our workshops, our recreation rooms and our movie theater we supply a routine designed to fill each man's time.

"As you can judge, we use a sort of trial and error system. We are constantly observing results, trying out new methods. Narcosynthesis—using sedatives to lower resistance and gain access to the subconscious mind—is proving itself; but I've used it for years, calling it 'amytal exploration'."

Subjected to a series of eight electric shock treatments administered by Dr. A. A. Hellams, young Tony Zorro showed marked improvement. But it was questioning under sedation that brought out the facts—and led to a cure.

Zorro looked and talked like a normal person when I met him in the shining, immaculate mess hall. But I had a feeling he was holding out, suppressing important facts. He said:

"I was a technical sergeant and served at Anchorage and Attu and it was tough. But I came through in fine shape. They discharged me last June 26; I reopened my shop in Chicago and began working 18 hours a day.

"I have a girl and one night, nearly six months after my discharge, I bought flowers and went to call on her. Then on the L, without warning, I began to feel dull and hazy. I passed my station, I guess . . . I'm not sure.

"Next thing I remember, I was arriving here on a stretcher and the patients were yelling, 'Here comes another.'"

Obviously, Tony was leaving something out. Whether this was intentional I couldn't be sure. At any rate, Dr. Katz filled in the blanks later. He declared:

"When I first saw him a month ago Zorro was in terrible shape. Look at him now and you won't believe it; but his face was puffed, his eyes were closed tightly, his lips were cracked. He wouldn't talk and he wouldn't eat.

"We learned his mother was mentally ill. We learned that at home after the war Tony had been restless, over-talkative, demanded fresh air at all times, talked about people 'persecuting him.'



"He took aspirin immoderately—and told me in his first interview that 'some of my enemies spread the story I was taking dope.' Though he had not yet broken down, this was scarcely rational procedure."

So the psychiatrist determined to seek the immediate cause of Zorro's collapse by plumbing his subconscious. Amytal was injected; the patient became sleepy; the doctor plied him with questions Dr. Katz reported:

"His defense was down, his inner thoughts found expression. Soon he was pouring out the truth. The girl he had hoped to marry had turned cool. He was obsessed with a notion he was losing her. In a highly emotional state induced by his combat adventures, he couldn't take it.

"The man told me things so intimate that I wouldn't dream of repeating them—but they gave me the key to the problem. I knew what to do."

At this critical stage, Dr. Katz explained, psychology enters the picture. Having returned to normalcy after his drug-induced sleep, the patient was confronted with the pertinent truths he had unwittingly revealed.

It seems that full confession, even when forced, is in itself a sort of purging process. Most mental patients try to fool themselves, as well as others, as to the real cause of their disorders.

Tony, at last, was able to face his situation as it actually was—and to analyze it honestly. Under the doctor's expert guidance he recognized that his problem was not serious, his hazard mainly a mental one. In short, his thinking straightened out.

In remarkably short order, Zorro has achieved one of the soundest recoveries to be found in the records at Elgin. Success of narco-synthesis, and other agencies, in this case should brighten the flame of hope in the heart of many another patient's kinfolk.



## 'CRIPPLED' VET HEALED

By ELGAR BROWN

In the neuro-psychiatric mind only a thin line divides facts and fantasy. That line may readily be crossed. Often a patient, fervently desiring a certain condition, comes to accept that condition as actually existing.

When 18-year-old Marion Letts was brought to Elgin State Hospital midway in 1943—as one of the service-connected mental cases assigned to Illinois by the Veterans' Administration—he couldn't use his left leg.

Grinning cheerfully at Dr. A. A. Hellams, psychiatrist, he said:

"That old leg is full of shrapnel. Dirty Japs did a job on me. When you gonna take the scrap-iron out, doc? When can I walk again?"

Dr. Hellams, former major in the army medical corps, smothered his skepticism. Patients peppered with shrapnel are not ordinarily sent to mental institutions. He examined the boy's leg carefully and established two facts:

1. The leg was uninjured.
2. Letts couldn't walk on it.

These conclusions added up to a condition known in psychiatry as "hysterical conversion." Mentally afflicted a patient conjures up a physical ailment. Though no such ailment exists, it can cripple the patient effectively as long as he thinks it exists.

The solution lay in Lett's twisted mind, but how to proceed? If the patient's trouble was of the paranoic or schizophreniac type, insulin shock treatments might be advisable.

If he turned out to be maniac-depressive, or even psychotic, hydro-therapy followed by electric shock therapy would be indicated.

Dr. Hellams gleaned a clue almost immediately when young Letts, whose bluff boasting obviously covered a feeling of inferiority, remarked:

"Those medics on the west coast don't know their stuff. They fed me too much luminal. They gave me too many enemas. And get this—the dopes thought I was afraid to fight! Guess I showed 'em, eh doc?"

This sounded to Dr. Hellams like an "anxiety neurosis," or fear complex. He had encountered it repeatedly in cases at the air corps rehabilitation center for combat returnees at Fort Logan, Colorado.

If Letts had a fear complex it might logically follow that narco-synthesis would prove the proper approach to the problem. In this treatment the patient is given pentothal sodium, his emotions are released and frequently he reveals the basic cause of his delusions without reserve.

Delving into the records, the psychiatrist learned that the Letts boy had never been in combat, had never left the states. Inducted at Fort Sheridan, he had been sent to Camp Roberts, Cal.—and sent home six months later on a disability discharge.

What had happened at Camp Roberts? The youthful soldier, being prepared for overseas combat duty, frequently complained of fevers and was often in the hospital.

Letts had figured in an encounter one night with a camp sentry who had fired his rifle. The bullet scraped the boy's left leg, leaving scarcely a mark. There was no mention of further complaints about trouble with the leg.

But there were notations that Letts had exhibited psychopathic traits during his grammar school years; that he was an illegitimate child; that he had met "no serious trouble" in pre-service days, but that he had chafed and complained under strict army discipline.

Perhaps the most amazing revelation of the record was that Marion had not mentioned the obsession that his leg was damaged immediately on his return to the Letts' home in a Chicago suburb!

He had taken an active job as an inspector in a war plant, but he was unable to keep out of mischief. After several scrapes with police he suddenly began to limp markedly—and soon thereafter was unable to walk. Meanwhile his mentality had deteriorated so badly that hospitalization was necessary.

Not new in theory, narco-synthesis is merely the improved application of a treatment long used, though infrequently, under the designation of "amytal exploration." Dr. Hellams, explaining the innovations, said:

"We have found that sodium amytal, while effective in breaking down a patient's inhibitions, has an unpleasant 'hangover' effect. So we have merely substituted pentothal sodium, which is secreted more rapidly and permits a speedier recovery."

They injected pentothal into "crippled" Letts arm; and as he became drowsy questioned him. The biggest disappointment in his young life, he told them, was his failure to get overseas and "fight the Japs."

Yes, he had been afraid on the coast. He'd been all right until the bayonet drills; then he'd developed an almost hysterical fear of the cold steel. It was then that he began to have "fevers". His condition grew worse after a tactless hospital attache accused him of being "yellow".

Marion fell silent. More pentothal was administered through a hypodermic needle. What about his leg? Why did he think it was wounded?

The patient was perspiring heavily; he tossed restlessly on the bed. He "came clean." Shamed by his failure in the army, in deadly fear of taunts from thoughtless acquaintances, he felt the absolute need of proving to the world—perhaps most of all to himself—that he was a courageous, battle-tested soldier.

His poor, weakened mind seized on an "actual" war wound as the way out. He began to talk of his imaginary combat experience; of the time he "got it" in the leg one day under attack. He began to limp—and pretty soon he was utterly unable to place any weight on his left leg.

They reasoned with Marion Letts. They laughed at his fears and his false shame. They bolstered his shattered ego. They made him get up and walk. He stepped cautiously, fearfully at first. Then he walked normally, with full confidence.

Then they put him back to bed; and when he emerged from his long sleep, Letts arose and strode out of the room. There wasn't the sign of a limp; and there isn't today.

The lad is not ready to go home. There are other complications affecting his mental processes. Con-

fusion persists. Electric shock therapy is being employed and steady improvement is noted. But he is no longer a "cripple," and further explorations under sedation may answer his remaining problems.

The mind experts at Elgin tell of other triumphs of the "twilight sleep" technique over mental injuries that became actual ones. There is Wilson Morse, 27-year-old Chicagoan, who entered the hospital shouting suicide threats because his "back was injured" and his "virility gone."

Normally, Morse was idealistic, shy, sensitive and reserved. Under the stress of his brain trouble and his delusions he was morose, truculent, suspicious. His brief army experience, doctors said, was definitely a "precipitating factor" in his crackup.

Under narco-synthesis, Morse himself exploded the myth of his back injury. A morbid, unjustified fear that his manhood was slipping from him had led to the hallucination, which became so real that he was actually suffering.

Once Morse had made his confession, he faced the truth—and it set him free of at least one aberration. As in the Letts case, there are others; but insulin treatments are proving effective. The patient has settled down, and shortly he may be ready once more to face the world with an adult attitude.

There is the record of a veteran whose physically undamaged leg was quite as helpless as Marion Letts' though from a different sort of delusion. His emotions released by sedatives, he revealed envy and emulation of his father, who was crippled in the first world war—and thereby evaded many an unpleasant responsibility in civilian life.

And there are numerous instances of ex-service men returning with paralyzed right-hand-index fingers. How is this? Well, such an affliction, of course, rules a man out promptly, as combat duty material.

At Elgin and Jacksonville, at East Moline and Alton, at Anna and Kankakee, Illinois psychiatrists move forward in the drive to return fantasy-riddled minds to the world of reality.

## MEDICS CURE VETS' FEARS

By ELGAR BROWN

Imagine a solid month of nightmarish terror, Ed Judson said, and you'd have at least a vague notion of what he'd been through.

It was a pleasure to talk to Ed. He is tall, clean-cut, personable, 22 and lives in Chicago. Viewing him across a table in the veterans' Division of Elgin State Hospital, I decided I'd never seen a more normal looking young fellow.

He was utterly calm; his talk made sense. You couldn't doubt that, whatever dark seizure had brought him there, the storm had passed.

It was hard to believe that only a month earlier Ed's mind had been so deranged that he dealt himself a near-mortal blow on the head with a milk bottle.

It was true, though; and having been told about it, the veteran accepted the fact as a dangerous part of the ordeal he had endured. He said:

"I don't know why I did that and other things, but that's all past. I'm well again—and I'm not looking back."

Nor are the psychiatrists, who claim neither omniscience nor infallibility, entirely sure of the "why" of Ed's case. They are reasonably convinced that his crackup enroute home was a delayed reaction to 21 months of war.

Judson discussed himself freely. The trouble was, he didn't remember many of the details after that terrible night on a troop-train coming out of Drew Field, Fla. It remained for the doctors to fill in the gaps. Ed told me:

"I spent 21 months at various British airports. Yes, I was there during the worst of the buzz-bombing and some other forms of Jerry's attacks. But I can honestly say it didn't disturb me unduly. At least, I thought—"

He hesitated, a puzzled look in his blue eyes. Then he shrugged and resumed:

"Anyway, I thought I was in ship-shape and so did the army. We reached Drew Field last month and I was discharged right away. I took my \$100 mustering out pay and boarded a troop train for Chicago.

"That's when I must have crashed. All I remember is that some of the soldiers began accusing me of stealing that \$100 I had. I couldn't convince them otherwise. They kept nagging at me, and I got mad. Pretty soon a nurse on the train came along and sent them away . . ."

Judson's voice had become uncertain. He wound it up tersely:

"There was more trouble at home. And then I was on a bed—here, I suppose it was—and they were strapping something around my head and tying my hands and feet. And I got a terrific electric jolt."

The veteran had done his best. He had told all he knew. The truth, as pieced together by Charles J. Katz, psychiatrist in charge, was that nobody had accused Judson of anything on the Florida-Chicago trip.

He had seen people talking, and suspected they were maligning him. His excited condition had steadily worsened. There was a nurse aboard, all right;

she devoted herself to attending him, and on arrival in Chicago she called for help.

Judson reached his home safely; but in such pitiable, confused and irrational state that his parents were heartbroken.

Viewing them with suspicion, the boy had seized a milk bottle. In a maniacal fury he shattered it over his head, causing lacerations.

"When Judson arrived here, just a month ago, he had to be watched carefully," Dr. Katz recalled. "After the scene in his home he had dashed madly into the street and was almost run down in heavy traffic."

The doctors agreed on an intensive course of electric shock treatments. Like the insulin technique, this electrode-administered shock brings on a convulsive reaction, then a period of emotional serenity and, in many cases a general strengthening of the patient's mental equipment.

Psychiatrists seldom attempt to surmise the exact nature of the change which occurs in the mind as a result of such shocks; generally they are content to characterize the results broadly as "beneficial." In Ed Judson's case this assuredly was true.

After 10 electric shock treatments interspersed with occupational therapy, helpful discussions with his doctors and a daily routine designed to build him up physically, Judson is normal, happy and apparently well.

There are more stubborn cases in Elgin and in all of the mental hospitals. Though the percentage of recoveries among veterans is encouragingly high, the mind-repairers have an occasional discouraging failure.

Most of these, however, are in the ranks of the relatively few true psychotics, the veterans born under a hereditary cloud and doomed to eventual derangement even without war. Herman Arvid is one such.

How such a mentality as Arvid's escaped rejection by army examiners is a mystery. Enlisting from a city in northwest Illinois, Herman was destined for trouble—and found it.

Stationed at Scofield Barracks in Hawaii, he was sent to the base hospital where he displayed a tendency to fire his rifle at will, ignoring all regulations.

Herman would not drill, his personal hygiene was neglected, he developed unusual sex habits, he displayed early symptoms of a persecution complex. Removed to Letterman General Hospital in September, 1942, he became worse.

He insisted that poison gas was being subtly injected into his bed. He complained that he had to keep his hair wet or it would turn from light to black.

Arvid, a morose character, was rated as a psychotic with the mentality of a 9-year-old child (Moronic type) by the army when he was transferred to the Elgin hospital early in 1943, so that he might be closer to his relatives.

Electric shock treatments, which cured Ed Judson, had the reverse effect on Arvid. He became violent, so that three or four guards were required to subdue him.

It was necessary to house him temporarily in an aging, greystone building beyond the confines of the veterans' quarters. In this forbidding old structure is the violent ward; here strong men, without minds at all, are strapped and restrained, here are heard the agonized cries of the incurable.



Hydro-therapy, the application of body-temperature baths of long duration and swathing of the patient in soothing cloths, has calmed Herman Arvid and improved his condition more than any other method yet discovered.

This unfortunate, once miscast as a soldier, still has the mind of a 9-year-old. Never considered hopeless, his chances for total recovery are not good. But his is by no means a typical case.

The Herman Arvids form a tiny, pathetic corner of the postwar picture involving mentally ailing veterans. Viewed in its entirety the picture is one of proven recoveries, steady progress and well-grounded hope.



## VET FINDS NEW HOPE

By ELGAR BROWN

In any given instance, you get two stories of what's going on in the mind of a war veteran under treatment in one of Illinois' state hospitals for psychotic or neuropsychiatric disorders.

Bob Elting, 31-year-old former GI from a town near Chicago, offered me a smooth, consecutive and utterly fantastic version of his mental crackup on the African front and his eventual confinement in the veterans' quarters at Elgin.

He is handsome, husky and outwardly rational. But his yarn bore no resemblance to the truth, as gleaned by overworked psychiatrists at the cost of long hours of research, patient questioning and varied treatment.

The answer is that Elting, as a sufferer from dementia praecox of the paranic type, thinks there is a gigantic conspiracy to persecute and discriminate against him. Thus, his problem is one of the most difficult.

Mental casualties of the war fall into three broad classes. The schizophrenic, or split personality, lives in a dream world of his own. The maniac-depressive is subject to moods of terrible depression. In the paranoid, a persecution complex is paramount.

As we sat in the recreation hall and watched two aging veterans click pool balls around, Elting said bitterly:

"I'm high-strung, that's all. I'm no trouble maker. I'm okay. Why do they always pick on me? Why are they keeping me here? I want to go home—well, long enough to get my things. I wouldn't stay with my relatives. They've got it in for me, too."

Yet I know this unfortunate veteran, having become unhinged in action, had been given an 18-month opportunity to control and adjust himself in civilian life—and hadn't been up to it.

Most veterans turned over to Illinois by the Veterans' Administration are psycho-neurotics, and definitely not insane. The psychotics are a different matter. But fewer than 10 per cent of service men treated for mental and emotional troubles were psychotic.

Of those discharged by the army for medical reasons, 316,000 or 41 per cent, had disabling mental or emotional illnesses; the navy figure is 72,000, or 31 per cent.

In addition the army discharged 136,000 and the navy 88,000 as "inapt."

Small wonder that men like Drs. A. A. Hellams and Charles J. Katz of the Elgin Hospital's psychiatric staff emit plaintive wails for more help and anxiously await the return of several staff experts still in service.

But the current shortage of specialists is only a reflection of conditions in the Army's medical corps, where during the war psychiatrists comprising only 2 per cent of the staff handled 10 to 12 per cent of the cases.

As the pool balls clicked, Bob Elting was saying (and I knew this much to be true:)

"My trouble began in the advanced hospital base at Beau Han Nifia. It was in April, 1943. I'd been in that terrible desert area, mostly under fire, for six

months. I worked at the base. A non-com, who had been picking on me all the time, accused me of being late for duty. It was a lie. We had a quarrel and I made a report of the incident. Next day two guards showed up and confined me to quarters. That started it. From then on I took a steady pushing around."

Elting crossed his long legs and sighed. He presented a picture of quiet resignation to persistent abuse. He told of "doing time" at army hospitals on Staten Island and in Texas, then of his discharge in July, 1943. He continued:

"I went to my home town and became an apprentice moulder in a factory and for 18 months I was okay. Then I got into trouble again, through no fault of my own. A man made an insulting remark about me. I grabbed him by the collar and shook him, but I didn't hit him. Next day they picked me up without a warrant, took me to the courthouse and questioned me. They said I'd been threatening people. That wasn't true—but they committed me anyway . . . Why won't they let me go?"

Elting's inability to get along with companions, it seems, was not the cause of his "trouble" in Africa, but a manifestation of the persecution complex, which in turn was an outcropping of the mental disturbance occurring earlier.

What caused the strapping soldier's brain to crack? Was it "anxiety neurosis" or carefully screened fear of physical injury in combat? Was it the tearing of nerves taut and strained by the pounding of enemy shells? When the men at Elgin answer this question they'll possess the key to Elting's case.

In any event, Dr. Katz revealed after examining the case history, Bob woke with a start in the middle of a peril-fraught desert night—and "heard" strange feminine voices.

In one of his rare candid moments, recalling this phenomenon, he confided to the psychiatrist:

"Reason told me there weren't any girls around this advanced base, but there were voices just the same. They seemed to glide in right behind my ears, singing and humming.

"They came back regularly after that. I never could identify them or decide where they came from—but believe me, I know those girls were up to no good. They drove me nuts . . . they urged me into a frenzy."

Elting's quarrel with the non-commissioned officer had nothing to do with his confinement, Dr. Katz learned. When the stricken private began talking erratically about "cosmic rays," his usefulness was ended and he was withdrawn from the advanced base.

Army experts diagnosed his case as dementia praecox, paranoid type; but in the Summer of 1943, after hospitalization in the United States, he had shown enough improvement to warrant his discharge and return to civil life.

It didn't work out, and Dr. Katz explained the reason:

"During his army hospitalization the patient was quiet and approached a seemingly rational state because he was far removed from real life and its attendant irritations. When released, he immediately was subjected to the normal social contacts. For awhile he 'got along,' but happily. Whenever a paranoic gets excited, or his emotions got roiled, he is seized with the delusion that people dislike, distrust

and impose on him. This happened, almost inevitably, to Elting. He became progressively more quarrelsome, and finally it was necessary, for the safety of himself and all around him, to take away his freedom again."

Will the gate to freedom swing again for Bob Elting? The chances it will are excellent. Admittedly difficult and stubborn, his case presents no insoluble problem as viewed through the eyes of Elgin psychiatrists.

Patience, constant exploration, the use of steadily expanding scientific knowledge—these elements may combine with the curative qualities of time itself to return this patient to the status of a sane, useful citizen.

Meanwhile, they're keeping Elting busy. Even a twisted mind, when occupied, attains a measure of serenity and contentment.

## VET HELPED

By ELGAR BROWN

Zeke Hardy just sat. His hands rested on his lap. His glazed unseeing eyes stared through the strings of the loom which stood before him idle. His rugged deep-lined face was devoid of expression.

All about him, men were busy—weaving intricate patterns in mats and rugs on whirling looms, or fashioning products adeptly on the wood turning machines.

This was the occupational therapy class for veterans at Elgin State Hospital. But Zeke Hardy wasn't having any. I thought I detected bitterness in the set of his mouth. I said:

"That man looks unhappy."

Dr. Charles J. Katz followed my gaze, shook his head and said:

"Not at all. He is merely withdrawn from this world and is living, probably enjoying a world of his own. His case is that of a typical schizophreniac. He has a split personality. We are trying gradually to make him live more and more in the world of actuality."

We approached Hardy and he paid us no heed. I asked him to pose for a photographer. He turned his vacant eyes on me and frowned. He resented being disturbed. But he placed his hands on the loom for a picture.

Then he quickly clasped them on his lap and returned to his reverie. Dr. Katz remarked:

"He had a year and a half of combat service in the infantry. When he was discharged at Fort Sheridan his condition was undiscovered.

"Then he lost a job, another and a third. He couldn't keep his mind on what he was doing. But his excursions into fantasy are becoming rarer and briefer. Before we leave here Zeke will probably be enjoying his work."

Nearly all of the 50 men in the big work-room were intent on their jobs. The psychiatrist explained:

"This has a soothing influence and that's what many of them need. Zeke Hardy is quiet, never causes trouble. But there are others . . ."

He turned to point out a scowling little man seated in a corner. He was attacking, almost savagely, the simple problem of splicing together two lengths of rope. I was told:

"That former sailor tried to kill his family. He still has vicious spells, but not often now. He gets his greatest comfort, his easiest moments mentally, when splicing that rope over and over."

There were young, middle-aged and graying veterans in the crew we had watched marching to their assigned places. One or two of the venerables were left-overs from the Spanish-American War. Both world wars were represented. Observed Dr. Katz, enjoying my surprise:

"And we have one old-timer from the War Between States. He's a Negro who served with the Confederate Army and as near as we can reckon he is now 106 years old."

The whirl of the looms had a soothing, rhythmic effect that was almost sedative. As we turned to go, I glanced again at Zeke Hardy. His hands were making exploratory motions on the machine before him. A spark of interest lighted his eyes.

In treating the 493 Illinois veterans now housed at Elgin (754 more are distributed among 10 other state institutions), doctors employ Managing Officer Charles F. Read's policy of "using any method that will help the patient." Occupational therapy, an unspectacular procedure, has been time-tested and has proved its worth.

Aside from routine hours of work, sometimes at mowing lawns and performing other outdoor chores, patients are kept occupied at games and reading in a spacious, comfortable recreation room. Movies are shown regularly, and much in use is the splendid new gymnasium built as part of Illinois' current \$12,000,000 construction program for the benefit of the state's veterans.

Under general supervision of Gen. Cassius Poust, state director of public welfare, this expansion program is now in full swing. One of its phases is establishment, during 1945, of the first Veterans' Rehabilitation Center at 2449 Washington Blvd., Chicago.

This busy institution is designed to treat veterans hampered in civilian life by some form of neurosis. Guy E. Bonney, Superintendent of the division of veterans' service, says it was modeled, to a degree, after the successful wartime Mill Hill institution near London. He adds:

"The center is an experiment. We have little in the way of precedent to guide us. Today we are successfully treating many veterans for sundry nervous ailments. The path must be felt out cautiously, but progress has been made.

"A special committee headed by Telfer MacArthur of the Illinois Veterans' Commission, and including representatives of the veterans' organizations, the Veterans' Administration and the psychiatric profession, including the Department of Public Welfare, will give the future program of the center a close, progressive study."

Meanwhile, in quarters set up in the old Washington Boulevard Hospital, 1,304 veterans were treated by the center's staff of specialists between Sept. 21 and Dec. 15. Of these, only 137 were in-patients, the vast majority (1,167) living at home and calling regularly at the center for treatment by day or night depending on the nature of their jobs.

A special new building is planned at Kankakee for treatment of young women veterans. Among the Second World War group remaining in state hospitals today, a dozen are women.

Besides expansions to 600-bed capacity at Elgin and Jacksonville new single-building, 125-bed facilities have been approved for East Moline and Anna and will be completed within the next two years.

Illinois, the only state into whose care are assigned its own veterans by the Veterans' Administration, also has another unique institution due to the interest and activity of Cook County Legionnaires.

In this series, tracing Illinois' leadership among the states in co-operating with the federal government for the adequate care of its mentally ailing veterans, emphasis has been placed on modern psychiatric developments because of the astounding progress and results marking that field.

Grateful and unforgetting, Illinois cares for her own.



## FROM THE RECORD

It is fitting to record here, very briefly, the results so far achieved in the care and treatment of our mentally ill war veterans. These are dry facts and figures but they tell the honest story of what a grateful State is doing for the care and treatment, and rehabilitation of our mentally ill war heroes.

Since Pearl Harbor 1366 mentally ill male veterans of World I and World War II have been admitted to those mental institutions under the supervision of the Illinois Department of Public Welfare. Of the foregoing total, 619 were of World War I and 747 were from World War II. Of the entire group, 924, or 68 per cent have shown a sufficient degree of recovery to readjust themselves to some extent in normal society.

Of the recovery group of 924, 417 or 67 per cent were of World War I and 507, or 68 per cent were from World War II. Of the World War I group 61 were designated as "service-connected" cases; and of World War II 96 were "service-connected" cases.

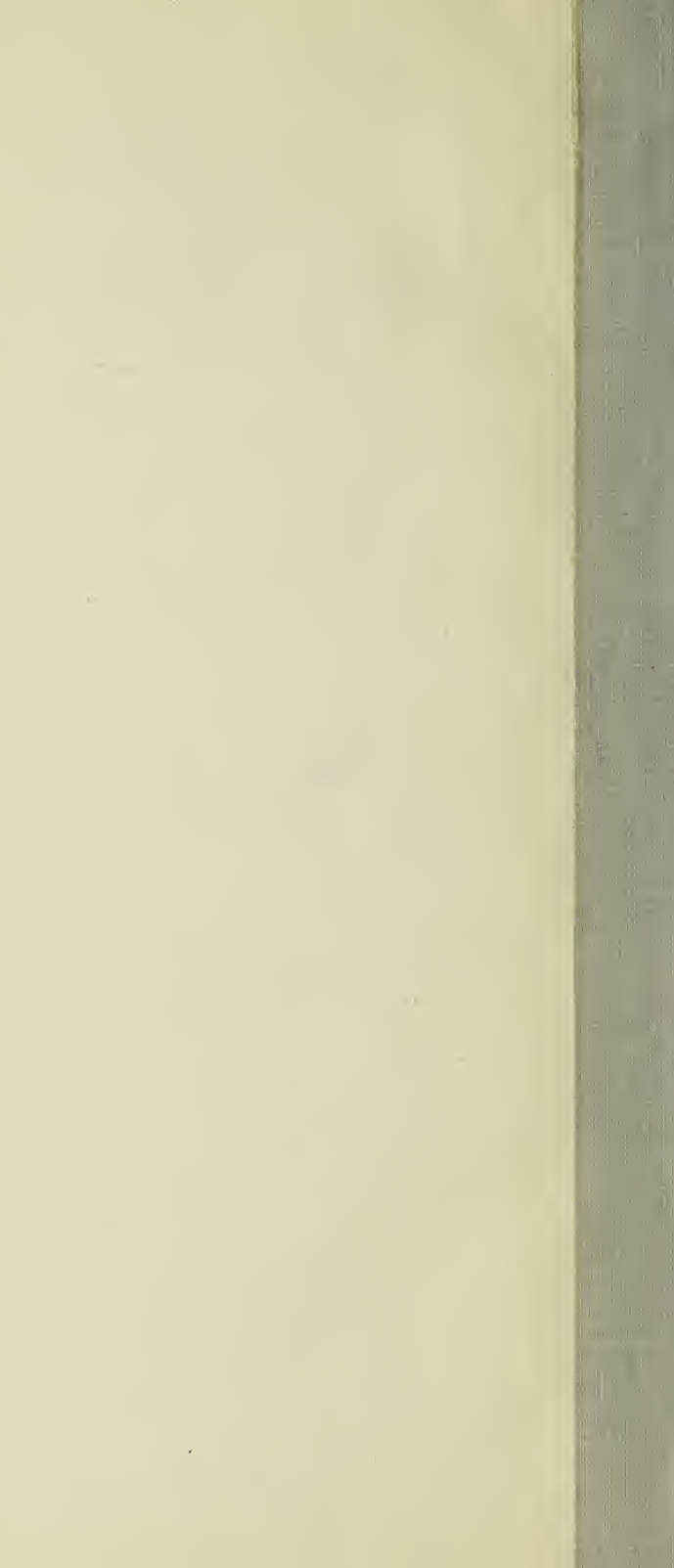
In addition, 67 female veterans of World War II were admitted to the female unit at Kankakee; 10 of the foregoing were designated as "service-connected" cases. Of the total group of female veterans admitted 20 have evidenced sufficient recovery to be released from institutional care.

It is certain that the patient load of veterans at our mental hospitals will not reach its peak for several years and provisions must be made for absorbing this future peak load. Under the far-sighted leadership of Governor Dwight H. Green an eight and one-half million dollar expansion program for veterans hospitalization facilities is already under way, and a substantial portion of the \$100,000,000 post-war building appropriation has been allocated to new veterans' units at the Jacksonville, Elgin, Anna, and East Moline State Hospitals. This is further evidence that the State of Illinois has been quick to acknowledge the debt its citizens owe these men and women; and that Illinois ranks high on the list of states in extending a helping hand to her returned heroes.

GUY E. BONNEY, Superintendent  
Division of Veteran Service  
Department of Public Welfare

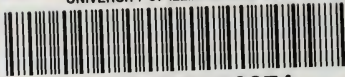








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